TITLE: BH – Client/Patient Rights and Grievance Procedure **SECTION:** 7000.10 **POLICY OWNER:** Director of Integrated Behavioral Health and Director of Behavioral Health **ORIGINAL EFFECTIVE DATE:** 09/2024	**LAST REVIEWED DATE:** 09/2024 **LAST REVISED DATE:** 2/2026, 11/2026 **NEXT REVIEW DATE:** 09/2027

AXESS FAMILY SERVICES

Client/Patient Rights and Grievance Procedure

d/b/a AxessPointe Community Health Centers, Children's Advantage, Valley Health Services for all Behavioral Health Services including Root House, Recovery Housing, Domestic Violence Shelters, Foster Care and Adoption.
Programs: AmeriCorps, Big Brothers Big Sisters of Eastern Ohio and Western Pennsylvania, Center of Hope, Chagrin Falls Park Community Center, County Clothing Center, Emerald Transportation, Family & Community Services Foster Care & Adoption Services, Freedom House, Housing & Emergency Support Services (HESS), Honor Home, Kent Social Services, Kentway Senior Independent Living, King Kennedy Community Center, Mobile Meals, My Brother's Keeper, Next Step, Ohio Early Intervention, Scope Senior Centers, Senior Support Action Group, Skeels-Mathews Community Center, Unified Resources Recreation, Miller Community House, Place of Peace, Rape Crisis, Safe PATH, Safer Futures, Solace Center, Someplace Safe, Supportive Services for Veteran Families, Valor Home Summit, Valor Home Lorain, Veteran's Haven, Veteran's Housing Rehabilitation Program.

Related Policy: BH – Patient Rights and Grievance Policy (7000.09), which lists the enumerated client rights per OAC 5122-26-18(D).

Responsible Parties: All employees, contract workers, volunteers (who work on a regularly scheduled basis), and interns.

I. Purpose

To establish the operational steps by which AFS explains client rights, receives and resolves grievances impartially and on time, documents and retains grievance records, and supports governing board oversight, in accordance with Policy 7000.09 and OAC 5122-26-18.

II. Definitions

Client Advocate (also "Client Rights Officer" or "Patient Rights Officer"): the individual(s) designated by AFS with responsibility for ensuring compliance with the client rights and grievance procedure rule (OAC 5122-26-18(A)(1)).

Grievance: a written complaint, initiated either verbally or in writing, by a client or by any other individual or provider on behalf of a client, regarding denial or abuse of any client's rights (OAC 5122-26-18(A)(2)). A grievance includes complaints regarding denial of service.

III. Explanation of Rights

1. Staff explain client rights to each person served prior to or when beginning assessment or treatment services, and document the explanation in the individual client record (ICR).
2. In a crisis or emergency, or when the client does not present in person (e.g., hotline), staff may verbally advise the client of at least the immediately pertinent rights (such as the right to consent

to or refuse the offered treatment and the consequences of that decision); full verbal explanation of the client rights policy is provided at the first subsequent meeting.

3. Recipients of referral and information or consultation services may receive a copy and explanation of the client rights policy upon request.
4. Explanations are provided in a manner appropriate to the person's understanding, with reasonable accommodations for disabilities, language interpretation services, auxiliary aids, and alternative formats when appropriate.
5. Clients are verbally informed of all rights and receive a written copy of the rights upon admission and upon request.

IV. Client/Patient Advocate Designation, Availability, and Posting

1. AFS designates one or more Client Advocates. At least one person trained to receive a grievance and pass it to the Client Advocate is available on site during a core number of hours each day each location is open; this person need not be the Client Advocate.
2. The Client Advocate is available on site, or through videoconferencing or other virtual means, for a core number of hours each week the provider is open, to assist clients in filing grievances. Where virtual access is offered, AFS provides a private space on the premises and the necessary equipment for the client to meet with the Client Advocate virtually.
3. The Client Advocate's name, title, location, hours of availability, telephone number, and email address are included with the posting of client rights.
4. The client rights policy and grievance procedure are posted conspicuously at each service location under AFS control, and on the AFS website in a conspicuous location together with the Client Advocate's name, telephone number, and email address. At shared locations not under AFS control where posting is not feasible, copies are available at the location for any individual who requests one.

V. Filing a Grievance

1. Any client, or any individual or provider on behalf of a client, may file a grievance — verbally or in writing, in person, by mail, by phone, or by email — with any staff member, the on-site designated recipient, or directly with the Client Advocate, without interference or retaliation.
2. All grievances must be reduced to writing. If the grievance is made verbally, the Client Advocate prepares a written text of the grievance.
3. The written grievance is dated and signed by the client or the individual filing on the client's behalf, or carries the Client Advocate's attestation that the written text is a true and accurate representation of the client's grievance.
4. The grievance includes, if available, the date, approximate time, description of the incident, and names of individuals involved in the incident or situation being grieved.
5. Staff who receive a grievance forward it to the Client Advocate the same business day whenever possible, and assist the client in filing if requested.
6. Client/Patient Rights Officer: Renee Klaric, rklaric@axessfamily.org. 330-394-6244 ext. 1799.

VI. Acknowledgment, Investigation, and Decision

1. **Written acknowledgment within three business days of receipt**, provided to each grievant, containing: (a) the date the grievance was received; (b) a summary of the grievance; (c) an overview of the grievance investigation process; (d) the timetable for completing the investigation and notifying the grievant of the resolution; and (e) the provider contact name, address, and telephone number.
2. **Impartial review.** The investigation includes a level of review that does not involve the person about whom the complaint has been made or the person who made the decision under review. The Client Advocate coordinates the investigation, interviews relevant parties, and reviews relevant records.
3. **Decision within twenty business days of receipt.** Any extenuating circumstances requiring extension are documented in the grievance file and written notification of the extension is given to the client.
4. **Written resolution notice.** Written notification and explanation of the resolution is provided to the client (or to the griever, with the client's permission, if other than the client), including a statement of the option to pursue the grievance with the external organizations in Section VII and, upon request, AFS shares relevant grievance information with any outside organization to which the griever has filed a complaint.
5. Grievances alleging abuse, neglect, exploitation, or criminal conduct are additionally reported per mandatory reporting obligations and AFS incident reporting policy; grievances involving PHI or Part 2 records are coordinated with the Privacy Officer under Procedure CP-001-PR, and a Part 2 complaint may be filed with the HHS Secretary concurrently.

VII. External Complaint Options (provided with every resolution notice and posted)

The grievant always has the option to file a grievance with outside organizations, including but not limited to:

Ohio

- **Summit County:** County of Summit Alcohol, Drug Addiction, and Mental Health (ADM) Board. 1867 W Market Street, Suite B2, Akron, OH 44313-6914; main office 330-762-3500; toll free 877-604-0006.
- **Portage County:** Mental Health & Recovery Board of Portage County. 155 East Main Street, Kent, OH 44240; (330) 673-1756.
- **Mahoning County:** Mahoning County Mental Health & Recovery Board. 222 West Federal Street, Suite 201, Youngstown, OH 44503; phone 330-746-2959.
- **Cuyahoga County:** Alcohol, Drug Addiction & Mental Health Services (ADAMHS) Board of Cuyahoga County. 2012 West 25th Street, 6th Floor, Cleveland OH 44113; phone 216-241-3400.
- **Geauga County:** Geauga County Board of Mental Health and Recovery Services. 13244 Ravenna Road, Chardon, Ohio 44024; phone (440) 285-2282.

Michigan

Livingston County (Howell office): Livingston County Community Mental Health Authority. 2280 E. Grand River Avenue, Howell, MI 48843-8503; 517-546-4126. One state foster care page instead lists 622 East Grand River, Howell, MI 48843, 517-548-0081, so confirm which address CMH wants used for mail.

- **Monroe County (Monroe/Carleton office):** Monroe Community Mental Health Authority. PO Box 726, 1001 South Raisinville Road, Monroe, Michigan 48161-0726; 734-243-3371 voice; 734-243-7340 or 800-886-7340 24-hour crisis.

- **Macomb County (Sterling Heights office):** Macomb County Community Mental Health (MCCMH). 19800 Hall Road, Clinton Twp, MI 48038; phone (855) 996-2264.
- **Ohio Department of Mental Health and Addiction Services** (per the amended rule, the state behavioral health department) — 30 East Broad Street, 36th Floor, Columbus, OH 43215 — (614) 466-2596 — mha.ohio.gov.
- **Disability Rights Ohio** (Ohio Protection and Advocacy System) — 200 Civic Center Drive, Suite 300, Columbus, OH 43215 — (800) 282-9181 — disabilityrightsohio.org.
- **U.S. Department of Health and Human Services**, Office for Civil Rights, Region V (Chicago) — 233 N. Michigan Avenue, Suite 240, Chicago, IL 60601 — (800) 368-1019 — hhs.gov/ocr.

VIII. Documentation and Record Retention

1. For each grievance, maintain for at least two years from resolution: a copy of the grievance; documentation reflecting the process used and the resolution/remedy; and documentation of any extenuating circumstances extending resolution beyond twenty business days.
2. Maintain the acknowledgment, correspondence, investigation notes, and resolution notice in the grievance file; log all grievances centrally with dates received, acknowledged, decided, and closed.
3. Document in each personnel file (including contract staff, regularly-scheduled volunteers, and student interns) receipt of the client rights policy and grievance procedure and agreement to abide by them.

IX. Governing Board Oversight and Quality Improvement (FQHC)

1. The Client Advocate (with the Compliance/Privacy Officer) prepares periodic reports of grievance volume, types, timeliness, resolutions, and trends.
2. Consistent with HRSA Health Center Program requirements, the governing board reviews patient satisfaction data and grievance trends and resolutions periodically as part of its oversight of health care policies, and ensures the grievance process is maintained.
3. Grievance trends feed the quality improvement program; corrective and preventive actions are documented and tracked to completion.

X. Non-Retaliation and Accessibility

No client or other grievant shall experience retaliation, reprisal, or any barrier to services for filing or participating in a grievance. Clients are informed of the Client Advocate's name and availability, and of the right to file a grievance, whenever they articulate any concern, complaint, or grievance. Rights information and grievance instructions are provided in a manner appropriate to each person's understanding, with interpretation services, auxiliary aids, and alternative formats as needed.

XI. Annual Review

This procedure is reviewed at least annually and upon regulatory change. Substantive revisions to this grievance procedure are submitted to and approved by the department before enactment, consistent with OAC 5122:2-1-02.

References

- Ohio Administrative Code Rule 5122-26-18 (Client Rights and Grievance Procedure), effective August 1, 2026; Rule 5122:2-1-02; Rules 5122-29-07, 5122-29-09, 5122-29-12

- HIPAA Privacy Rule, 45 C.F.R. Parts 160 and 164; HIPAA Breach Notification Rule; HITECH Act; CARES Act § 3221; 42 C.F.R. Part 2, as amended by 89 Fed. Reg. 12472 (Feb. 16, 2024)
- Section 330 of the Public Health Service Act; 42 C.F.R. Part 51c; HRSA Health Center Program Compliance Manual (Chapter 19, Board Authority — Patient Grievances)
- OhioMHAS Certification Standards; Council on Accreditation (COA) Standards